

Name  
in  
Full

Marshal. S Arnold

553

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ogg's Summit* Town *Carroll* County **MARYLAND**

Date of death 19*20* Jan Month *20* Day Age *14* Years Months *6* Days *8*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Henry L. Arnold* Father's Birthplace *Maryland*

Mother's Maiden Name *Emma Spencer* Mother's Birthplace *do*

Name of person giving Information *Emma Arnold* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia.* How long *42 hours.*

Immediate *Convulsions.* How long *2 hours.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John S. Mathias.*

*Heston tw*

Accident or Suicide

*Md.*

Low Park  
Haines

Name  
in  
Full

Hezekiah

Baker

## CERTIFICATE OF DEATH

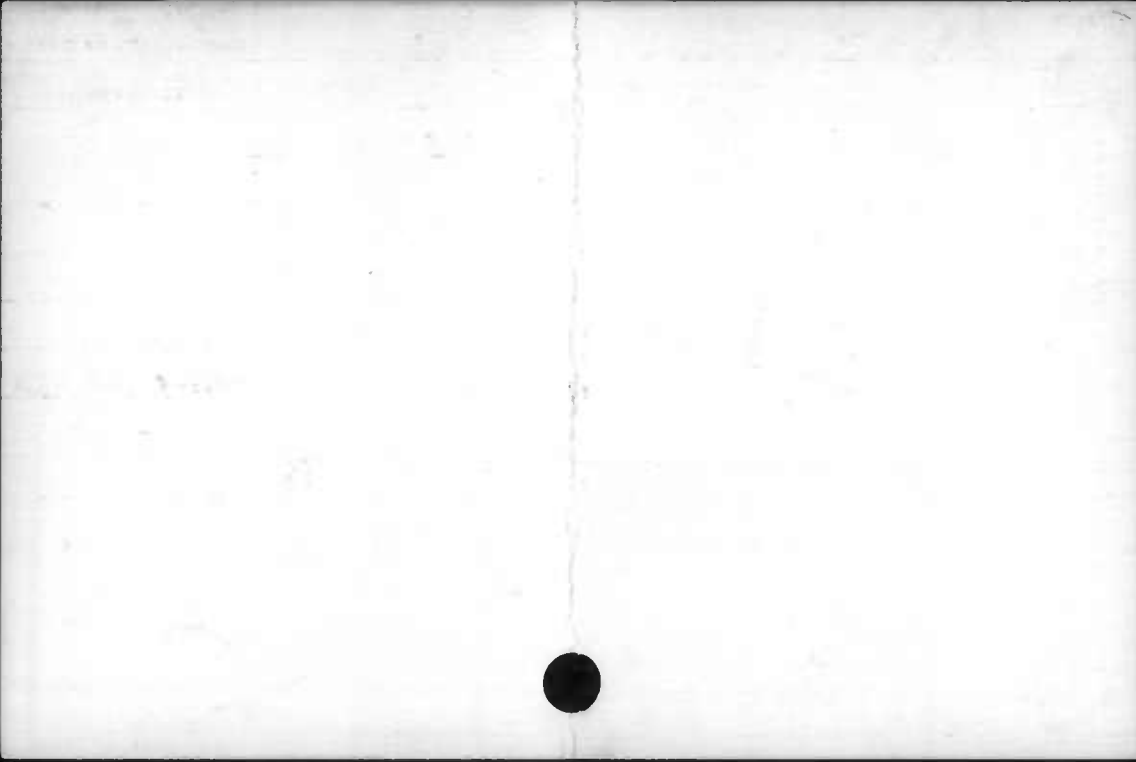
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Neer Mountown</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1980</i>		Month <i>January</i>		Day <i>25</i>		Age <i>78</i>		Years <i>2</i> Months <i>11</i> Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Maryland</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Anna B Baker</i>							
Father's Name <i>Jacob Baker</i>				Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Susan Hiner</i>				Mother's Birthplace <i>Carroll Co Md</i>					
Name of person giving Information <i>Anna Baker</i>				How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>		How long <i>2 years</i>	
Immediate <i>Acute Bronchitis</i>		How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Leather Kemp</i>	
		Address <i>Mountown Md.</i>	
Accident or Suicide			



Name  
in  
Full

Elizabeth Baucker

557  
CERTIFICATE OF DEATH

Died at Westminster <sup>Town</sup> Carroll <sup>County</sup> MARYLAND  
Date of death 1980 <sup>Month</sup> Jan <sup>Day</sup> 27 <sup>Age</sup> 55 <sup>Years</sup> 3 <sup>Months</sup> 3 <sup>Days</sup>  
Sex Female Color or Race White Birth-place Maryland  
Occupation Invalid Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Don't Know Father's Birthplace Don't Know  
Mother's Maiden Name Don't Know Mother's Birthplace Don't Know  
Name of person giving Information Eva Baucker How related to deceased Friend

CAUSES OF DEATH

Primary Rheumatism How long Two Years  
Immediate Organic Heart Lesions How long Six Months  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Stamat  
Address Westminster

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bausts - Counciling.  
Stoner.

Name  
in  
Full

Geo. Albert Beams

## CERTIFICATE OF DEATH

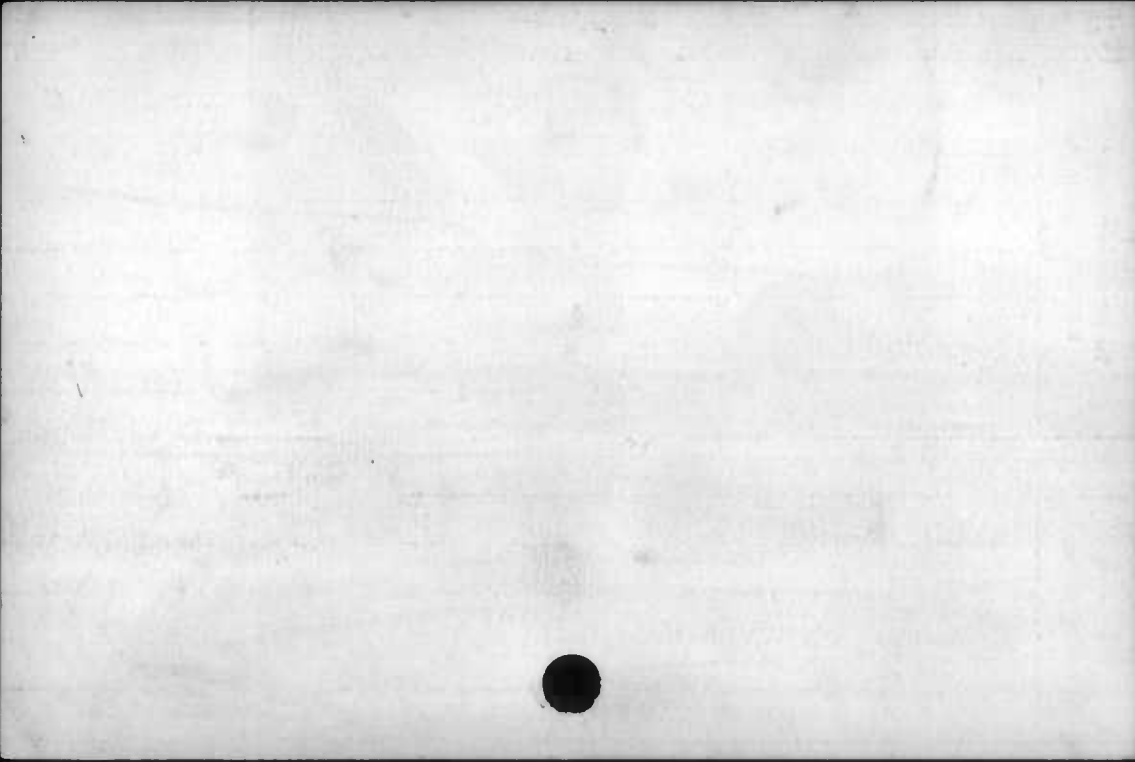
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Telephus</i> <sup>Town</sup>		<i>Cumt</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>26</i>	Age <i>1</i>	Months <i>—</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm. Beams</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Florence Elam</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Samuel Beams</i>			How related to deceased <i>uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>meningitis</i>	How long <i>61</i>
Immediate <i>anemia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Redacted]</i>
<i>John Miller</i>	Address <i>Knobbsburg md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

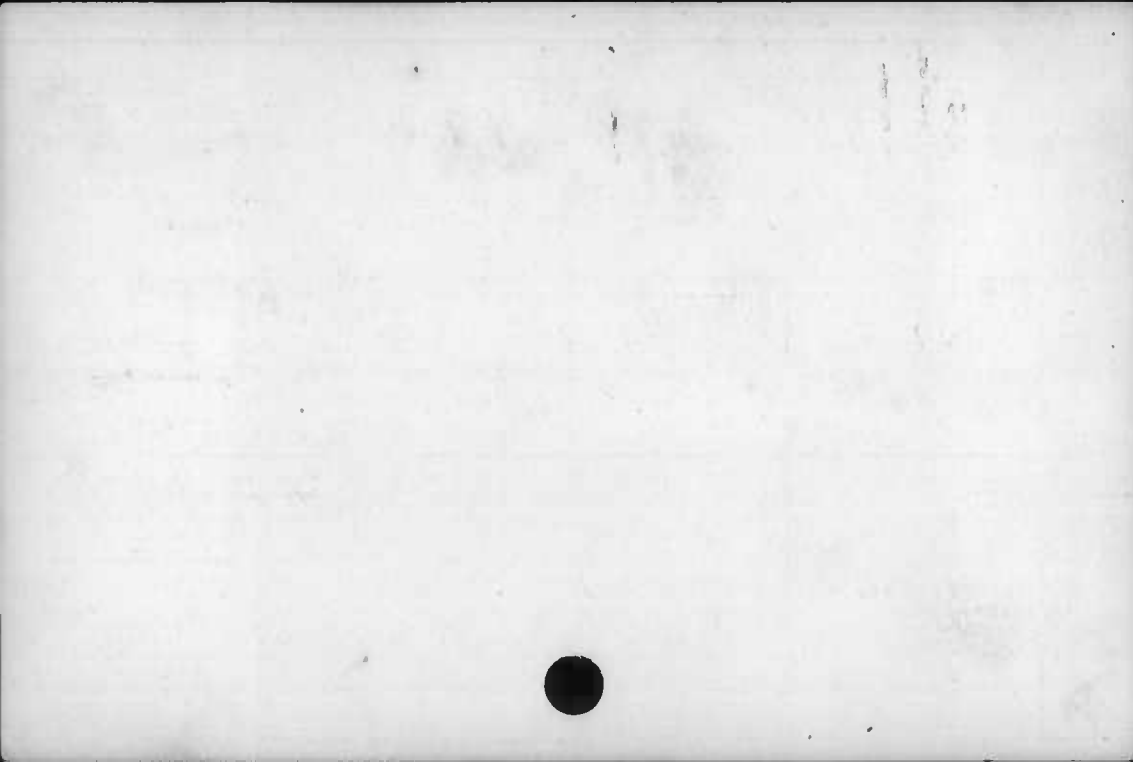
Died at <sup>Town</sup> *Windfield* <sup>County</sup> *Carroll*Date of death 19*10* <sup>Month</sup> *Jan* <sup>Day</sup> *29* Age <sup>Years</sup> *39* <sup>Months</sup> *11* <sup>Days</sup> *19*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer* Where Residing if not at place of death *Windfield*Married, Single or Widowed *M* Name of Wife or Husband *Katie M. Bond*Father's Name *Thomas Bond* Father's Birthplace *Ind*Mother's Maiden Name *Mrs. M. M. M.* Mother's Birthplace *Ind*Name of person giving information *Albert Crawford* How related to deceased *None*

## CAUSES OF DEATH

Primary *Pneumonia* <sup>How long</sup> *7 days*Immediate *"* <sup>How long</sup> *"*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. D. Crout*Address *Windfield  
Carroll Co.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

George Bonnaan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Henryton <sup>Town</sup> Carroll <sup>County</sup> **MARYLAND**  
Date of death 1980 <sup>Month</sup> 01 <sup>Day</sup> 16 <sup>Years</sup> 83 <sup>Months</sup> 00 <sup>Days</sup> 00  
Sex Male Color or Race Colored Birth-place unknown  
Occupation Laborer Where Residing if not at place of death Henryton  
Married, Single or Widowed unknown Name of Wife or Husband \_\_\_\_\_  
Father's Name unknown Father's Birthplace unknown  
Mother's Maiden Name unknown Mother's Birthplace unknown  
Name of person giving Information Richard Arrin How related to deceased none

CAUSES OF DEATH

Primary Heart Failure 1989 ✓  
Immediate Heart Failure How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Harry A. Kurler  
Address Sykesville  
Coroner  
Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full565  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

*Bertha Helen Boehm*  
 Died at *Mar Westminister* Town *Carroll* County  
 Date of death 19*10* Jan Month *23* Day Age *12* Years Months *1* Days *27*  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *John J. Boehm* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Emma B. Leuter* Mother's Birthplace *Id.*  
 Name of person giving Information *John J. Boehm* How related to deceased *Father*

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary *Meningitis -* How long *about 6 weeks*  
 Immediate *Exhaustion -* How long *12 hours*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. R. Foutz, M.D.*  
 Address *Westminister, Md.*  
 Accident or Suicide \_\_\_\_\_

Leislers  
Shaner

Name  
in  
Full

Eve H. Bromley

## CERTIFICATE OF DEATH

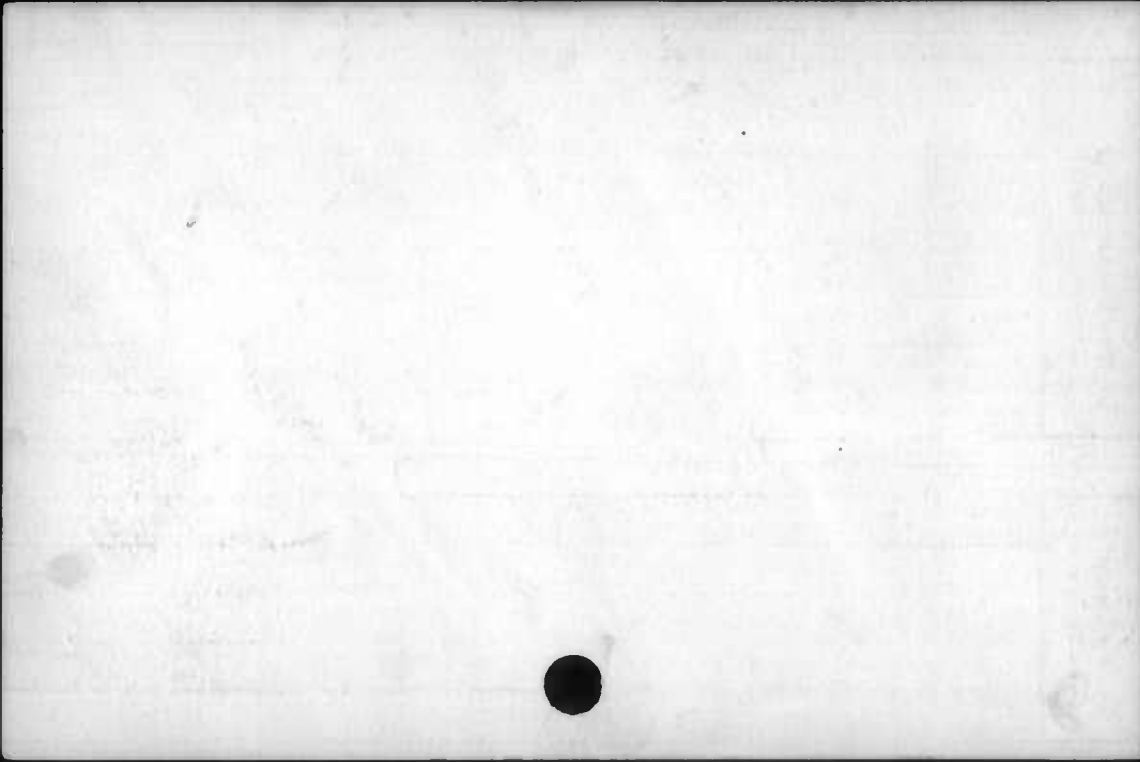
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Patahisco</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1960</i>		Month <i>1</i>	Day <i>12</i>	Age <i>84</i>	Years	Months <i>—</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving In formation <i>Chas. Weaver</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart incident to</i>	How long	<i>154</i>
Immediate	<i>old age</i>	How long	<i>years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Melton</i>	
<i>yes</i>		Address <i>Frederick</i>	
Accident or Suicide?		<i>Ind</i>	





Name in Full		Caroline Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died <del>near</del> <sup>Town</sup> Mt. Airy		County Carroll		MARYLAND		
		Date of death 1908	Month 1	Day 9	Age 74	Years	Months —	Days 16
		Sex Female	Color or Race Colored		Birth-place Maryland			
		Occupation Domestic	Where Residing if not at place of death near Mt. Airy, Md.					
		Married, Single or Widowed Married	Name of Wife or Husband Elias Brown					
PHYSICIAN OR CORONER		Father's Name Henry Holkins, (deceased)		Father's Birthplace Lisbon, Md.				
		Mother's Maiden Name Betty Hoy (deceased)		Mother's Birthplace New Market, Md.				
		Name of person giving information David L. Brown		How related to deceased Son,				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">64</div>								
PHYSICIAN OR CORONER		Primary		Cerebral hemorrhage				
		Immediate		Cerebral Coma				
		Are the name, age, sex, color, date and place correctly given above?		yes				
		Accident or Suicide?		No				
		Signature of Physician		A. T. Church.				
		Address		Taylorsville, Md.				

Mt. Zion

Name  
in  
Full

## CERTIFICATE OF DEATH

Jonathan M Brown

Town

Longville

County

Barroll

MARYLAND

Date

of death 1940

Month

Jan

Day

1

Years

Age 73

Months

7

Days

29

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick Co Md

Occupation

Shoemaker

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~or Widowed~~

Married

Name of Wife or  
Husband

Mary Brown

Father's  
Name

Joseph Brown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Elizabeth Leamuth

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Mary Brown

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Broncho-Pneumonia

How long

3 weeks.

Immediate

Failure of Respiration

How long

3 hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. H. Davis, M.D.

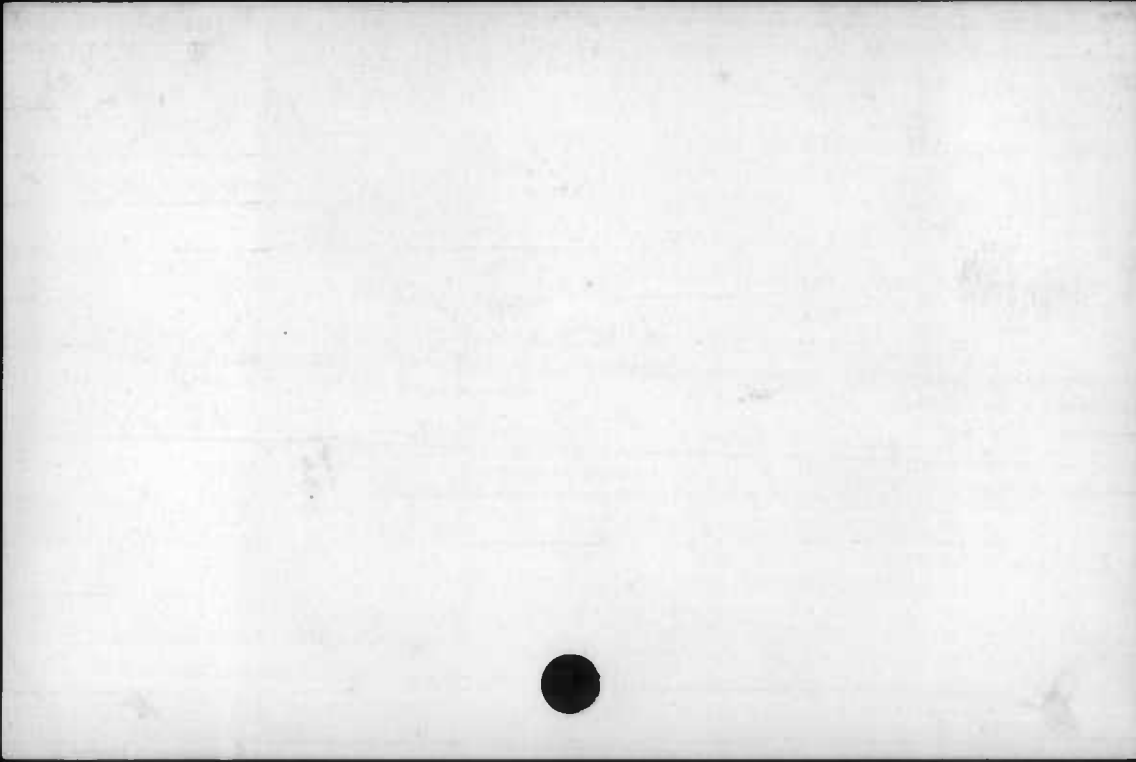
Address

Paweytown.  
Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Nelson R. Buckingham

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Winfield</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>27</i>	Age Years <i>25</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Shuckster</i>	Where Residing if not at place of death <i>Winfield, Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Houch,</i>				
Father's Name <i>Nelson R. Buckingham, (deceased)</i>	Father's Birthplace <i>Carroll Co., Md.</i>		Mother's Birthplace <i>Carroll Co., Md.</i>		
Mother's Maiden Name <i>Almira Duckbaugh,</i>	Name of person giving information <i>J. Oliver Buckingham</i>		How related to deceased <i>Brother.</i>		

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>"</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*E. D. Clark*

Address

*Winfield  
Carroll Co.,*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Evangelio

1

Name  
in  
Full

Adelma Carlisle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

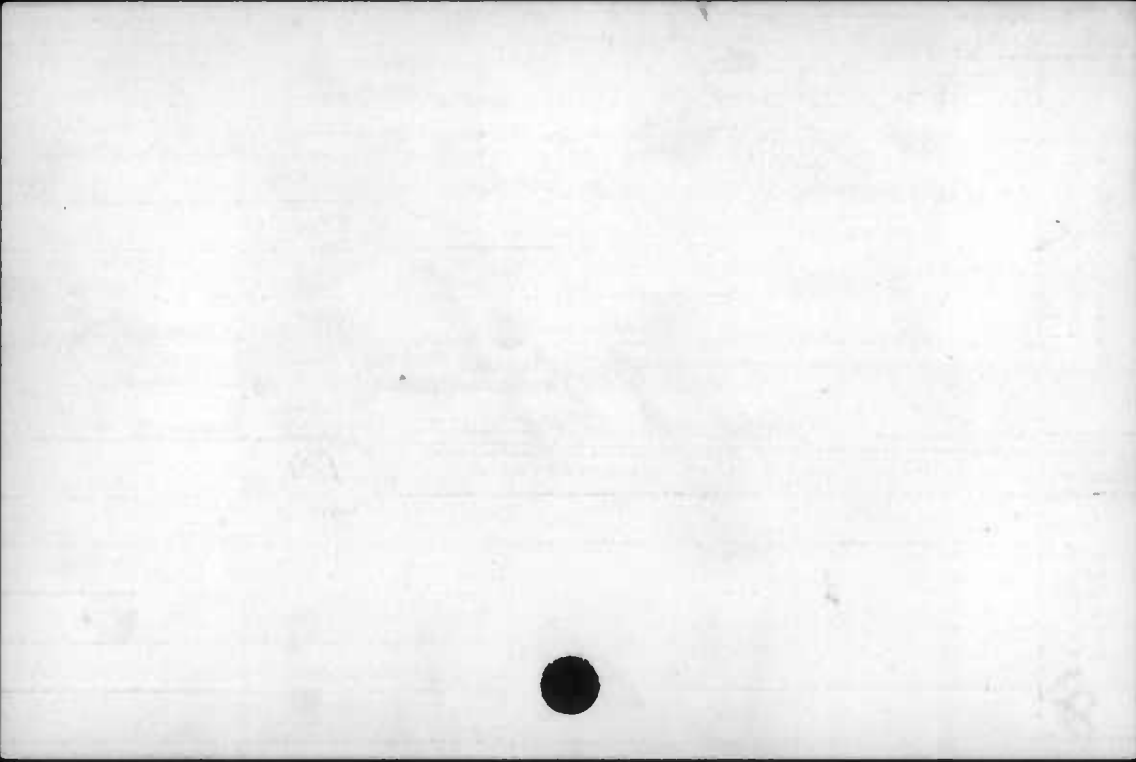
Died at <u>New Windsor</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death <u>1940</u>	<u>Jan</u> <sup>Month</sup>	<u>19</u> <sup>Day</sup>	Age <u>86</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>21</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Retired Farmer</u>			Where Residing if not at place of death <u>New Windsor</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Eva Carlisle</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Arthur Smelser</u>			How related to deceased <u>Son in law</u>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>None</u>	How long <u>None</u>
Immediate <u>Gastro-Enteritis</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Brown</u>
	Address <u>New Windsor</u>
Accident or Suicide?	





Name  
in  
Full

Mather A. E. Cook.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>near Winfield</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>6</i>	Age <i>—</i>	Months <i>3</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>near Winfield - Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George R. Cornell</i>			Father's Birthplace <i>Carroll Co., Md.</i>		
Mother's Maiden Name <i>Mather A. E. Cook (deceased)</i>			Mother's Birthplace <i>Carroll Co., Md.</i>		
Name of person giving information <i>Maggie Cook</i>			How related to deceased <i>Grand-mother</i>		

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>Three weeks</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. O. Cook</i>	
		Address <i>Winfield Carroll Co.</i>	
Accident or Suicide? <i>No</i>			

Garman.

Name  
in  
Full

William H. Custer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sykesville Md. Town Carroll County  
Date of death 1940 Month Jan Day 13<sup>th</sup> Years Age About 70 Months  Days   
Sex Male Color or Race White Birth-place Unknown  
Occupation Unknown Where Residing if not at place of death Springfield State Hosp.  
Married, Single or Widowed Widowed Name of Wife or Husband Unknown  
Father's Name Unknown Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving Information Hospital Record How related to deceased

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary Paresis How long Several years  
Immediate Pneumonia How long 6 days  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician Alex P. Harrison M.D.  
Address Springfield State Hosp.  
Sykesville Md.  
Accident or Suicide



Name  
in  
Full

Mrs Julia A. V. Dorsey

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Berret

Carroll

Date

Month

Day

Years

Months

Days

of death

1940 Jan

10

Age

67

7

2

Sex

Female

Color or  
Race

white

Birth-  
place

Carroll Co., Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Jonathan Dorsey - Deceased -

Father's  
Name

Edmund Clocksdate

Father's  
Birthplace

Baltimore, Md

Mother's  
Maiden Name

Sarah Gorsuch

Mother's  
Birthplace

Carroll Co., Md

Name of person giving  
Information

Jonathan Dorsey

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Nephritis disease

Immediate

Paralysis of Heart

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Daniel B. Sprecher,

Address

Sykesville,  
Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Phoebe A. Epler

Town

County

MARYLAND

Died at Springfield State Hosp.

Carroll

Date

of death 1900 Jan.

Month

Day

11<sup>th</sup>

Age

57

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ind.

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Hosp. records

How related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid fever

How long

10 days

Immediate

Acute General Peritonitis (Perforation)

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

D. H. Snarely  
Springfield State Hosp  
Lykenville, Ind.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER





Name  
in  
Full

547  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Foutz, Westminster Carroll MARYLAND

Died at Town County

Date of death 1910 Jan 8 Age 25 Months 7 Days 14

Sex Male Color or Race White Birth-place Md.

Occupation Retired Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Martha J. Rinehart

Father's Name Joseph Foutz Father's Birthplace Md.

Mother's Maiden Name Margaret Root Mother's Birthplace Md.

Name of person giving Information Chas. R. Foutz How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Interstitial Nephritis several yrs How long

Immediate Anemia 12 hours How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. R. Foutz Address Westminster Md.

Accident or Suicide

Kriden  
Homes

Name  
in  
Full

*Agnes Virginia Fowler*  
Town *Uniontown* County *Carroll*

CERTIFICATE OF DEATH

MARYLAND

Date of death 1980 Jan 8 Age 42 Months — Days —

Sex *Female* Color or Race *White* Birthplace *Ind*

Occupation *Housewife* Where Residing if not at place of death *Uniontown*

Married, Single or Widowed *M* Name of Wife or Husband *Joseph L. Fowler*

Father's Name *Levi McGee* Father's Birthplace *Ind*

Mother's Maiden Name *Ellen M. Lambert* Mother's Birthplace *Ind*

Name of person giving Information *Gary Cookson* How related to deceased *no*

CAUSES OF DEATH

Primary *Carcinoma of Uterus + Intestines* How long *42* months

Immediate *"* How long *"*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *L. Woodward*

Address *Washington*

Accident or Suicidal *—* *Ind*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William E Frizzell

534  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1940</i> <sup>Year</sup>	<i>Jan</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>36</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Printer</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert E. Frizzell</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary J. Bell</i>	Mother's Birthplace <i>Id</i>					
Name of person giving information <i>Edna Frizzell</i>	How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary <i>Catarhal jaundice</i>	How long <i>4 weeks</i>
Immediate <i>Acute Myocarditis</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. M. Sullivan</i>
	Address <i>Westminster Ind</i>
Accident or Suicide?	

Westerns. Currier  
Shaner.

Name  
in  
Full

Carroll Jacob Frock

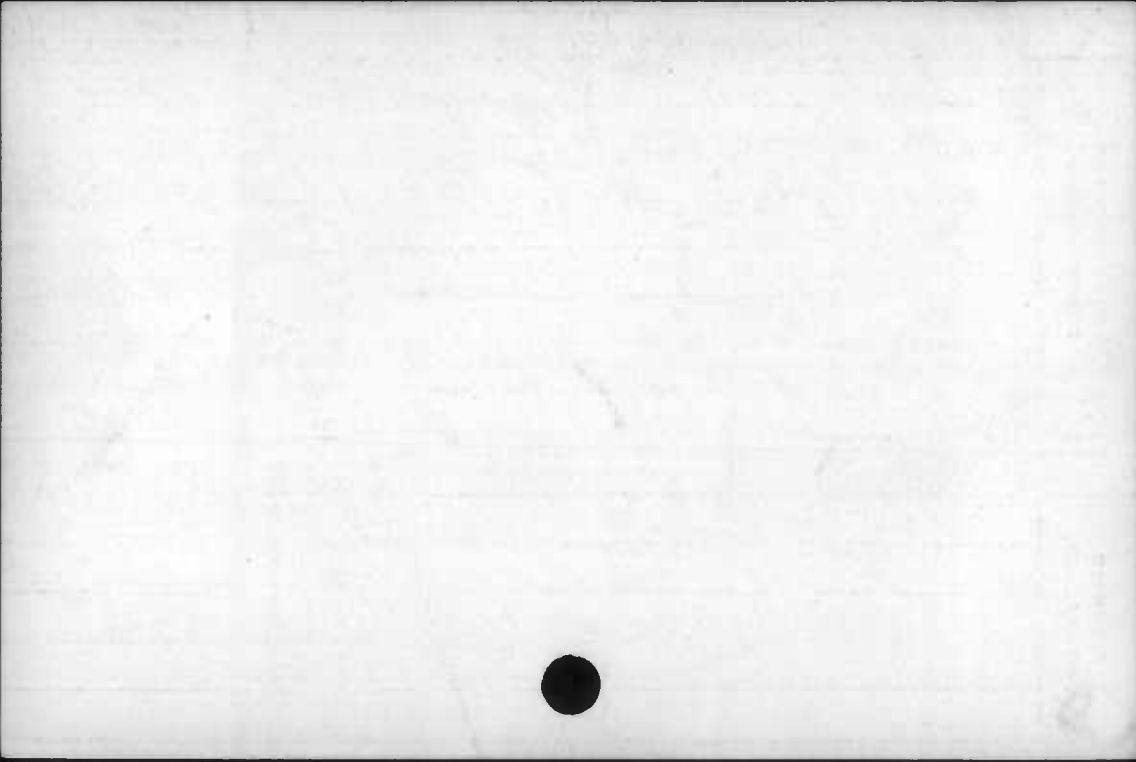
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mount Pleasant</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>June</i>	Day <i>24</i>	Age <i>Years</i>	Months <i>3</i>	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> or Widowed			Name of Wife or Husband				
Father's Name <i>Jacob Frock</i>			Father's Birthplace <i>Annon Mills</i>				
Mother's Maiden Name <i>Carrie Langyer</i>			Mother's Birthplace <i>Silver Run</i>				
Name of person giving information <i>Edmund Graft</i>			How related to deceased <i>son</i>				

PHYSICIAN  
OR CORONER

Primary Cause of Death <i>Water upset vessel &amp; boiling water + scalded lower limbs</i>		How long <i>10 Days</i>	
Immediate Cause of Death <i>Exhaustion</i>		How long <i>24 Hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Stewart</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			





Name  
in  
Full

CERTIFICATE OF DEATH

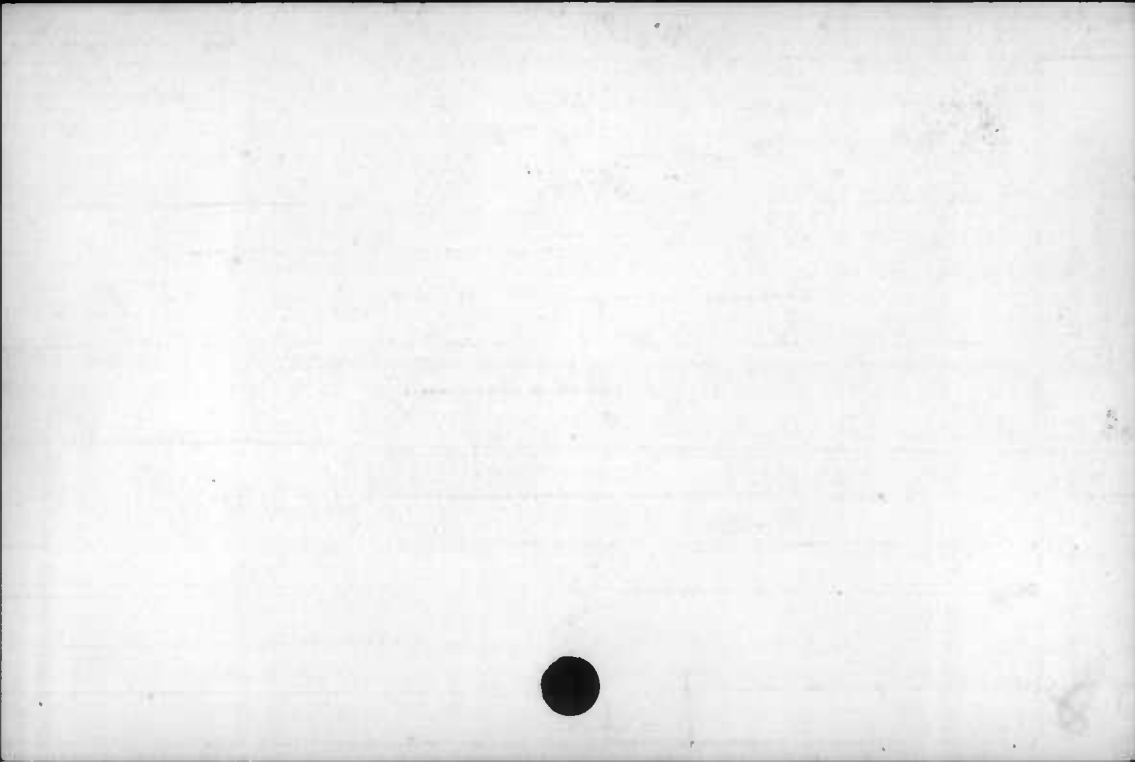
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Union Mills</i> <sup>Town</sup> <i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	<i>Jan</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	<i>41</i> <sup>Years</sup> <i>8</i> <sup>Months</sup> <i>22</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md.</i>	
Occupation <i>Miller</i>	Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jane Frock</i>		
Father's Name <i>E. G. Frock</i>	Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Sarah Muller</i>	Mother's Birthplace <i>Carroll Co. Md.</i>		
Name of person giving information <i>Sarah Frock</i>	How related to deceased <i>Mother</i>		

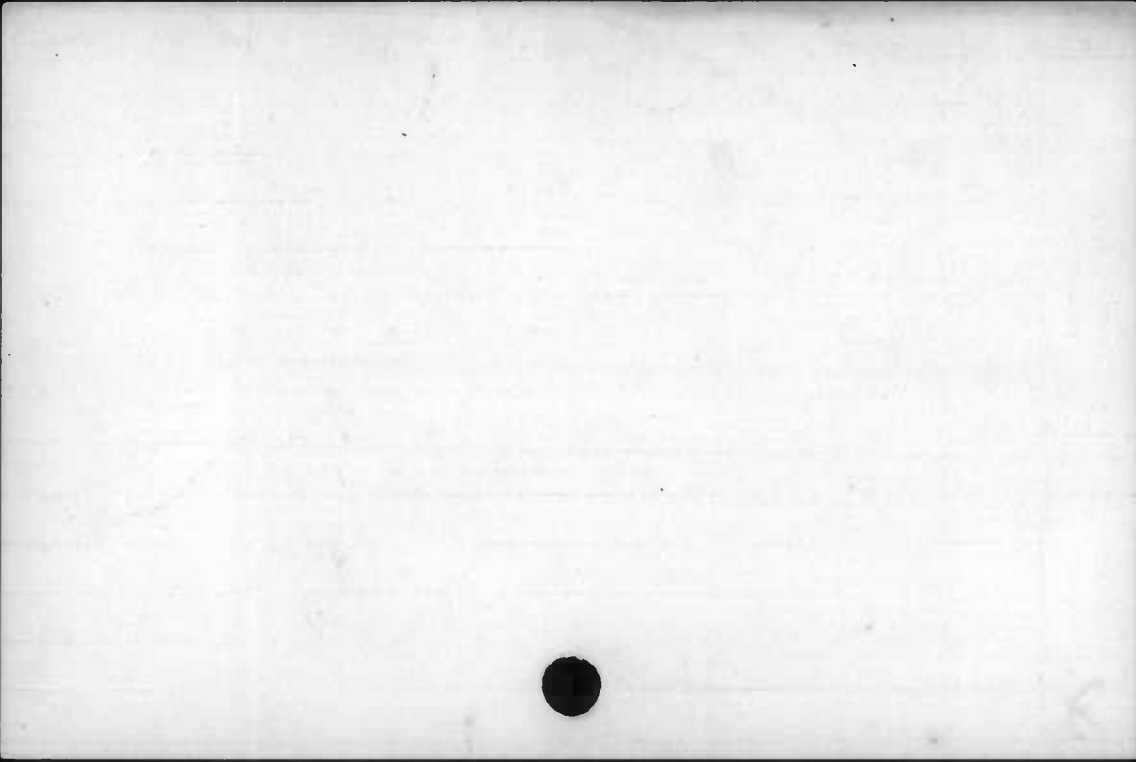
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>18 days</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Lewis H. H. H.</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide?	



Name in Full		Rachel Greenholty				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rorps Mill		County		MARYLAND		
	Date of death		1910	Month	Jan	Day	9	Age	81
	Sex		Female		Color or Race		White		
	Occupation		Housewife		Birth-place		Md		
	Where Residing if not at place of death		Rorps Mill						
	Married, Single or Widowed		M		Name of Wife or Husband		Jacob P. Greenholty		
	Father's Name		Dave Marker		Father's Birthplace		Md		
	Mother's Maiden Name		Elizabeth Hettubridle		Mother's Birthplace		Md		
Name of person giving information		Frank Miller		How related to deceased		No			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Myocarditis		How long		Two years		
	Immediate		Cardiac Asthma		How long		Suddenly		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. Ira E. Whitehall		
					Address		New Hudson Md		
	Accident or Suicide?		—						



Name  
In  
Full

Charles Gibson

549  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Jan</i>		Day <i>12</i>		Age <i>56</i>		Years <i>8</i> Months <i>12</i> Days	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>					
Occupation <i>laborer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
Father's Name <i>Peter Gibson</i>		Father's Birthplace <i>Not Known</i>							
Mother's Maiden Name <i>Matilda Piles</i>		Mother's Birthplace <i>Not Known</i>							
Name of person giving Information <i>Frank Gibson</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

157 ✓

PHYSICIAN  
OR CORONER

Primary <i>Weak Mind</i>		How long <i>Some Weeks</i>	
Immediate <i>Hung himself</i>		How long <i>Some Weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address <i>Dr. H. Bellinger</i>	
<i>Suicide</i>		<i>Washington Md.</i>	

Elsworth  
Flower

Name  
in  
Full

Emma L. Gilbert

## CERTIFICATE OF DEATH

Died at 6th Dist Town Carroll County

MARYLAND

Date of death 1960 Month 1 Day 19 Age 38 Years Months Days 25

Sex Female Color or Race white Birth-place unknown

Occupation Housewife Where Residing if not at place of death Manchester Tenn

Married, ~~Single~~ or Widowed Name of Wife or Husband Chas. Gilbert

Father's Name Samuel Payner Father's Birthplace Ind.

Mother's Maiden Name Louise Stehman Mother's Birthplace Ind.

Name of person giving information Chas Gilbert How related to deceased Sustainer

## CAUSES OF DEATH

119

Primary Acute Hepatitis How long 2 mos.

Immediate Uræmia How long 3 da's.

Are the name, age, sex, color, date and place correctly given above? yes.

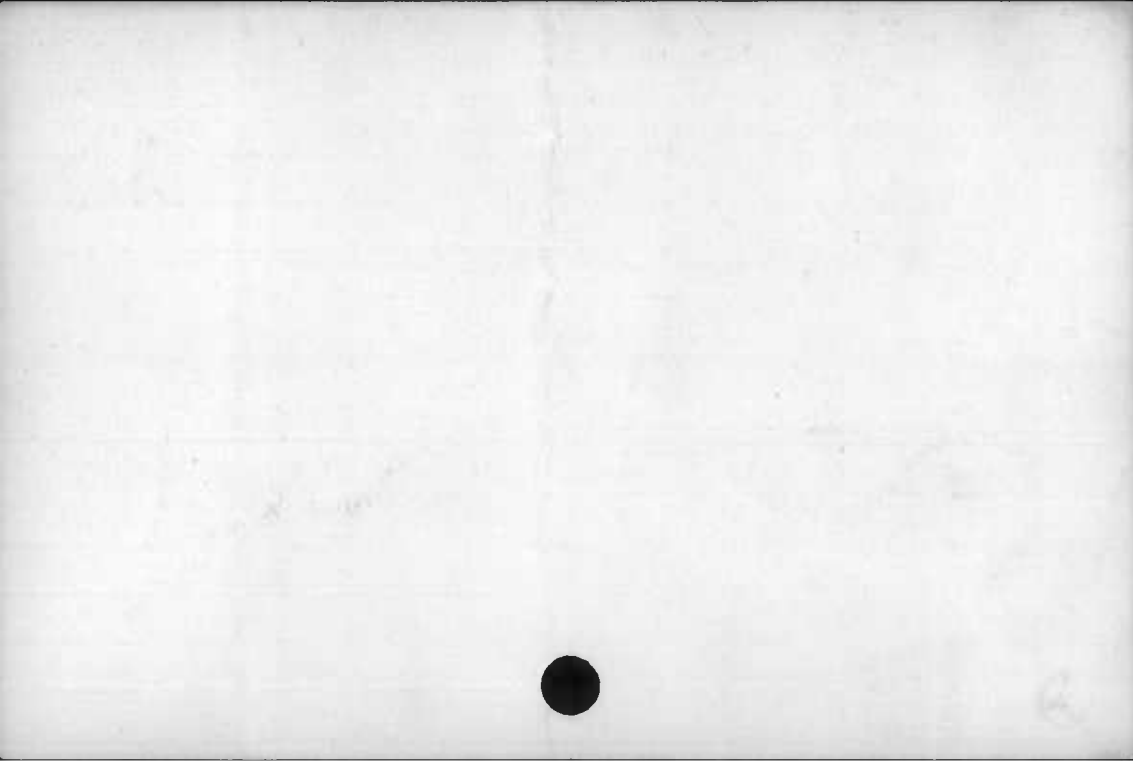
Signature of Physician

Address

John Szigler  
Melrose - Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Wathan W. Gosnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

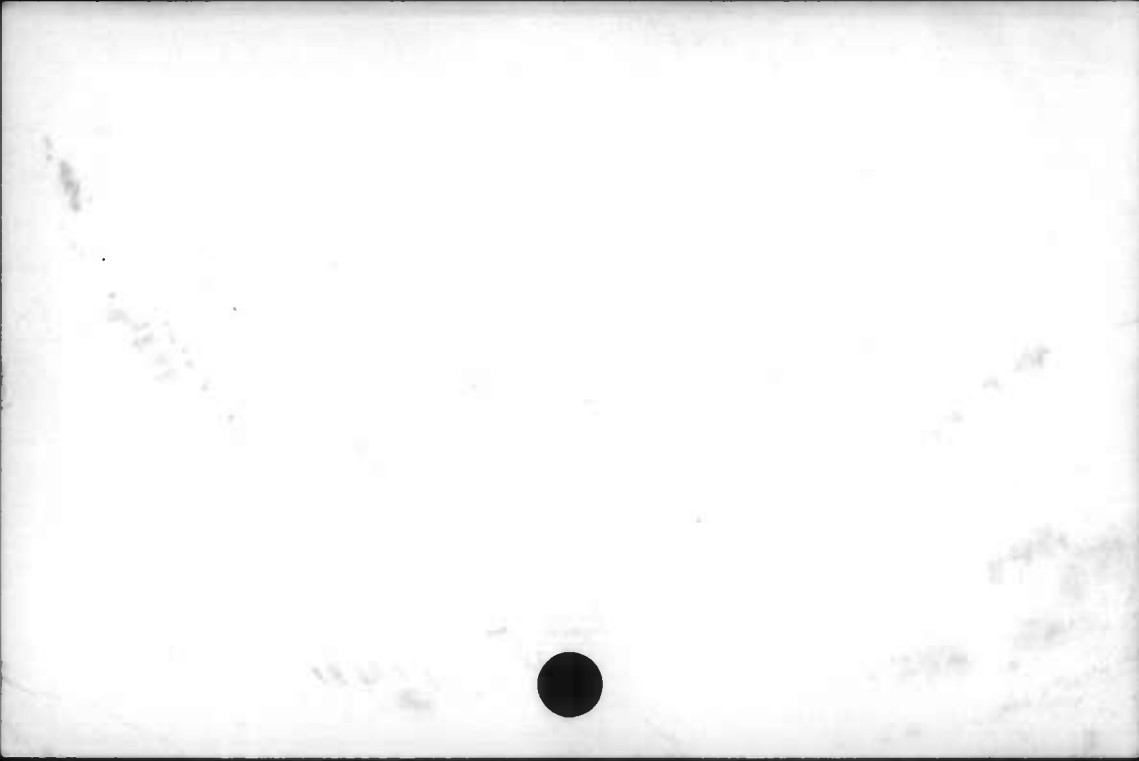
Died at		Town		County		State	
Franklinville		Franklinville		Carroll		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
1940	Jan	15	77	1	23		
Sex	Color or Race	Birth-place					
Male	white	Frederick co					
Occupation	Where Residing if not at place of death						
farmer	Franklinville						
<del>Married</del> Single	Name of Wife or Husband						
<del>Married</del>	Single						
Father's Name	Father's Birthplace						
James Gosnell	Frederick co						
Mother's Maiden Name	Mother's Birthplace						
Ada Leonard							
Name of person giving Information	How related to deceased						
John Gosnell	brother						

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Chronic. Interstitial Nephritis	How long	Two years
Immediate	Cerebral hemorrhage and coma	How long	three months and 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		A. T. Cronk M.D.	
		Address	
		Taylorsville Md	
Accident or Suicidal			



Name  
in  
Full

Nellie E. Gornell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

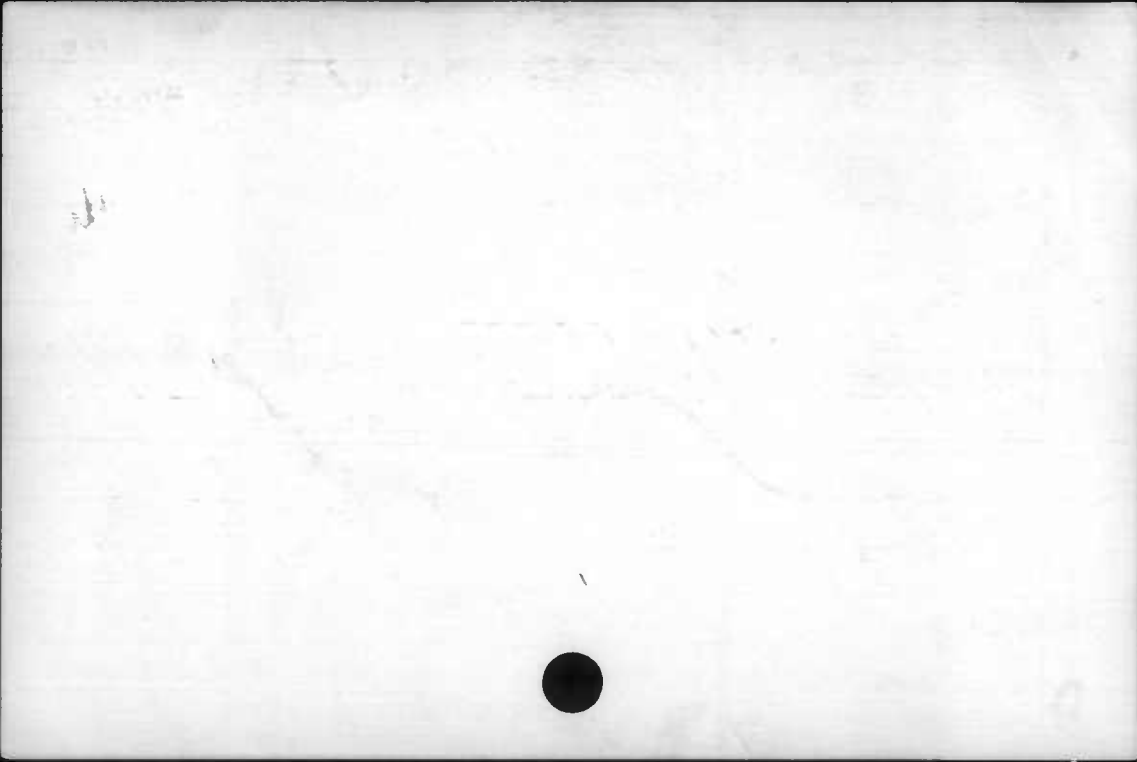
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan	1st	45		1	21
Sex	Female	Color or Race	White	Birthplace	Barret		
Occupation	House Wife			Where Residing if not at place of death	Jay		
Married, Single or Widowed	Married			Name of Wife or Husband	Nellie Gornell Frank E. Gornell		
Father's Name	John Hyatt			Father's Birthplace	New York		
Mother's Maiden Name	Lucinda Browning			Mother's Birthplace	Bedford Co. Md.		
Name of person giving Information	Thomas Gornell			How related to deceased	Son		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Mitral Insufficiency		How long	7 yrs
Immediate	Cerebral Hemorrhage		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. D. Crook
			Address	Winfield Carroll Co.,
Accident or Suicide				



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hellen Hourse Haines

CERTIFICATE OF DEATH

MARYLAND

Died at *Sumwood* Town*Carroll* CountyDate  
of death *1960*Month  
*Jan*Day  
*3rd*Years  
Age *30*

Months

Days

Sex *Female*Color or  
Race *White american*Birth-  
place *Washington D.C.*Occupation  
*Housewife*Where Residing if not  
at place of deathMarried, Single  
*or Widowed*Name of Wife or  
Husband *W. Morris Haines*Father's  
Name *C. H. Hourse*Father's  
Birthplace *Washington D.C.*Mother's  
Maiden Name *Alice Darby*Mother's  
Birthplace *Fayetteville Pa.*Name of person giving  
Information *C. H. Hourse M.D.*How related  
to deceased *Father*

## CAUSES OF DEATH

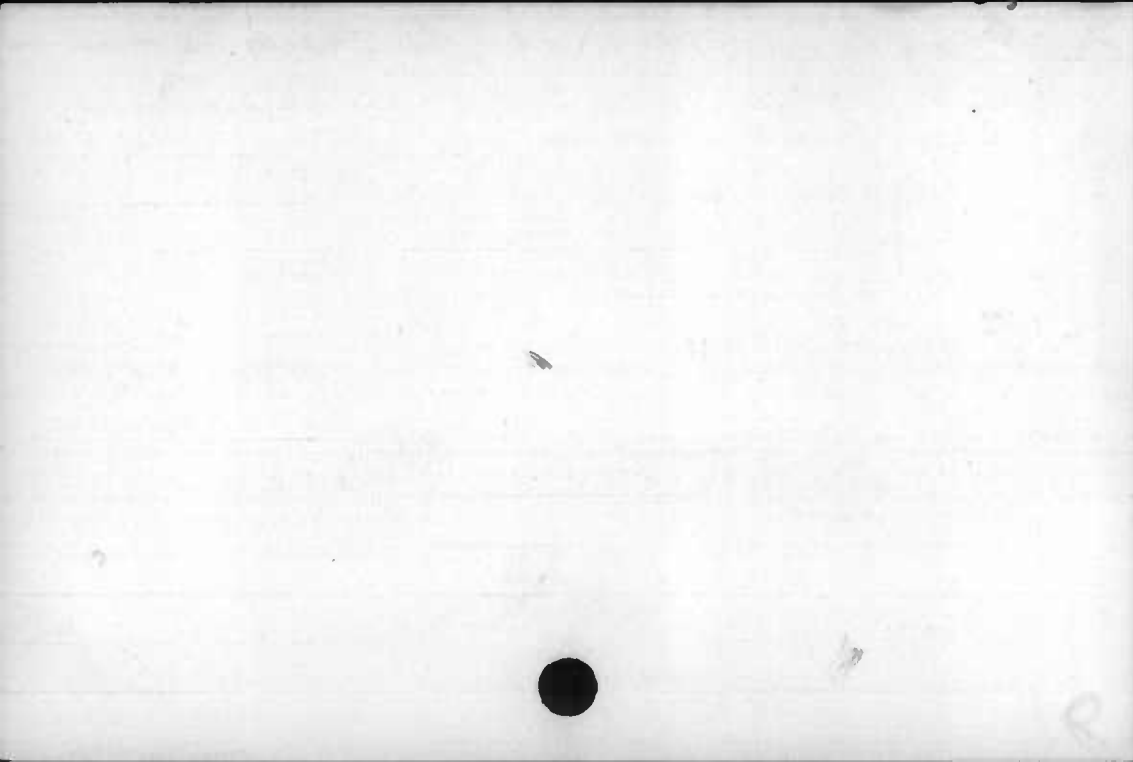
45

Primary *Carcinoma of abdomen*How long *six months*Immediate *Emaciation*

How long

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Chas. H. Hourse M.D.*Address  
*Darnestown Md.*

Accident or Suicide?



Name  
in  
Full

Rebecca Kate Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Near Hammy <sup>County</sup> Carroll

Date of death 19 <sup>Month</sup> 10 Jan <sup>Day</sup> 23 - <sup>Years</sup> Age 73 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race white Birth-place Frederick Co. Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband George Hines

Father's Name John Stansbury Father's Birthplace Frederick Co. Md.

Mother's Maiden Name Rebecca Stansbury Mother's Birthplace Frederick Co. Md.

Name of person giving Information Sarah E. Stansbury How related to deceased Daughter.

CAUSES OF DEATH

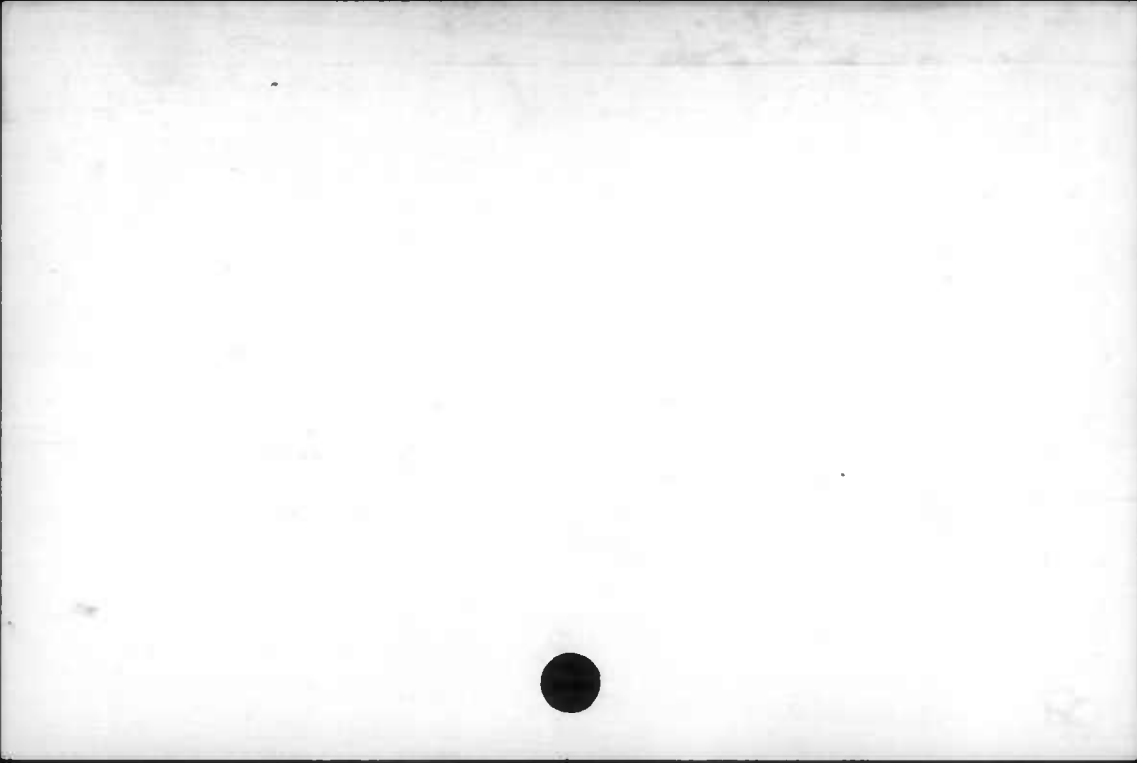
Primary Acute Indigestion How long 3 days

Immediate Paralytic Stroke How long few minutes

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. M. Benner M.D.

Address Daneyton Md

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

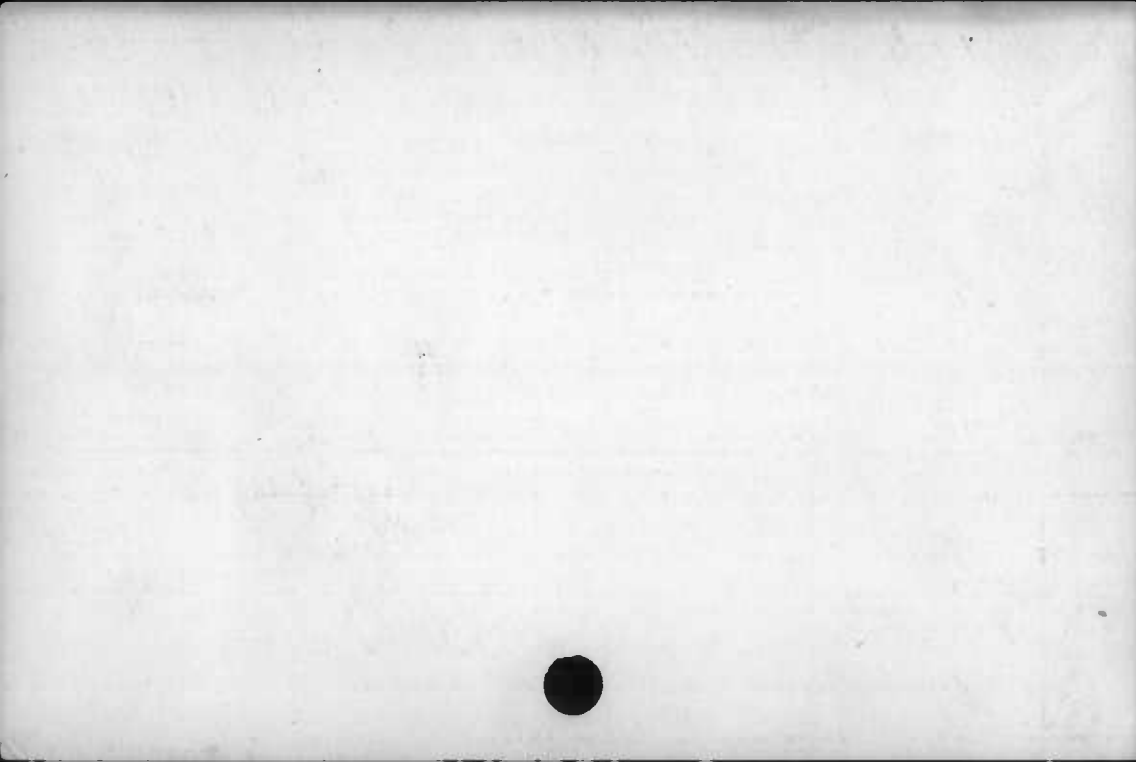
Died at <i>Taylorville</i> <sup>Town</sup>		<i>Leavelle</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	<i>Jan</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	<i>50</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Taylorville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George A. Harris</i>				
Father's Name <i>William H Harris</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Dr. Stitley</i>	How related to deceased <i>No</i>				

## CAUSES OF DEATH

72 ✓

PHYSICIAN  
OR CORONER

Primary <i>Lobar. Pneumonia</i>	How long <i>ten days</i>
Immediate <i>Cardia. Exhaustion</i>	How long <i>twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. T. Crank M.D.</i>
	Address <i>Taylorville Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lester Hollenberger Hooker</i>		Town <i>Bark Hill</i>		County <i>Carroll County</i>		MARYLAND	
Died at <i>Bark Hill</i>		Month <i>Jan.</i>		Day <i>9</i>		Years <i>83</i>	
Date of death <i>1960</i>		Month <i>Jan.</i>		Day <i>9</i>		Years <i>83</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James L. Hooker</i>					
Father's Name <i>Peter Hollenberger</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Margaret Kooch</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Laura B. Hamilton</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

Primary *Acute Bronchitis* How long *2 weeks.*

Immediate

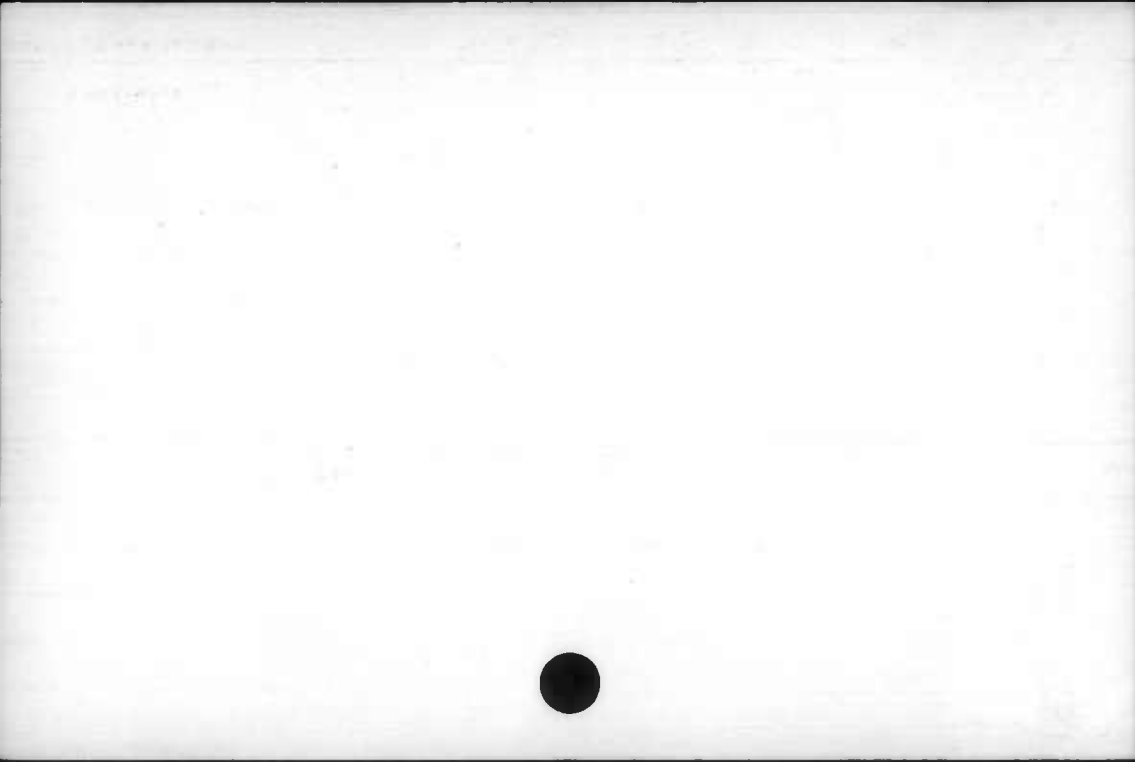
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

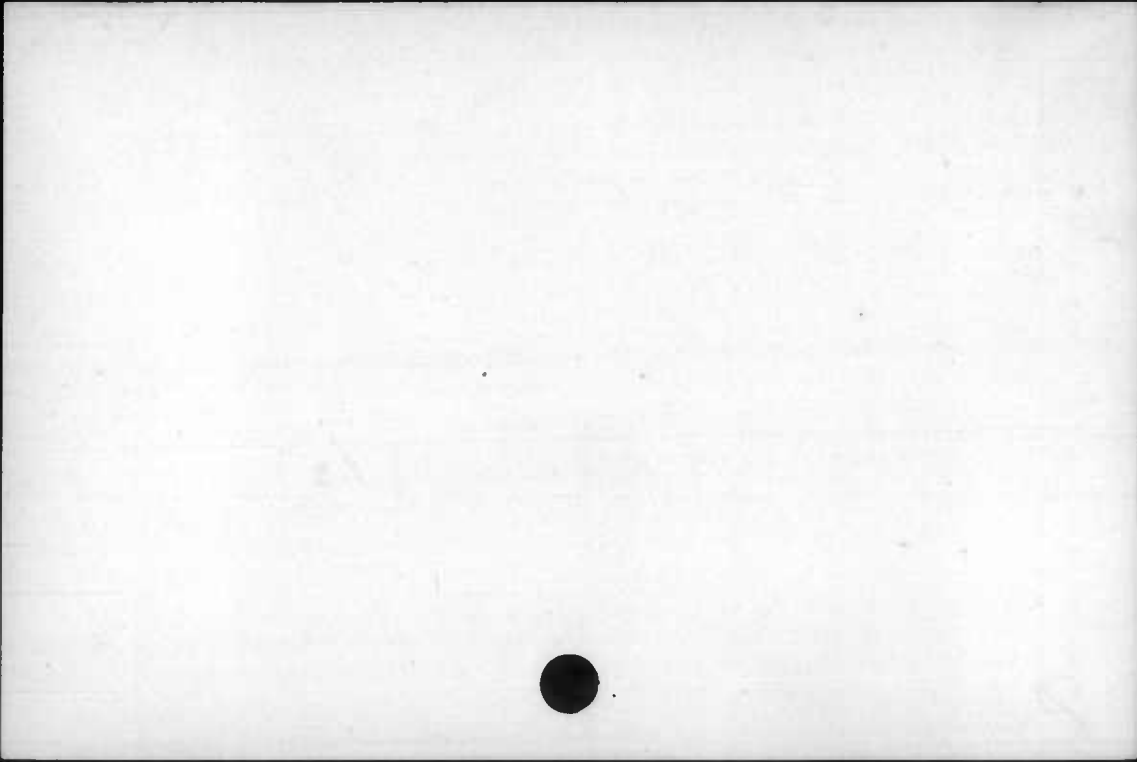
PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
James Hm. Johnson		near Mt. Airy Town			
County		Ocrroll			
Died at		MARYLAND			
Date of death		Month	Day	Age	Years
1900		1	25	67	
Sex		Color or Race	Birthplace		
Male		Colored	Virginia		
Occupation		Where Residing if not at place of death			
Laborer		near Mt. Airy -			
Married, Single or Widowed		Name of Wife or Husband			
Married		Elija Ann Johnson			
Father's Name		Father's Birthplace			
Unknown		Unknown			
Mother's Maiden Name		Mother's Birthplace			
Unknown		Unknown			
Name of person giving information		How related to deceased			
Mary E. Bell		daughter.			
CAUSES OF DEATH					
Primary		How long			
Hemiplegia		about three years			
Immediate		How long			
Secondary stroke		four days.			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		A. T. Crank.			
		Address			
		Taylorsville Md			
Accident or Suicide?					
No					

Mt. Zion,

Name in Full <b>Eveline Jones</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Taneytown</b> <small>Town</small>	<b>Barroll</b> <small>County</small>	<b>MARYLAND</b>
	Date of death <b>1900</b> <small>Year</small> <b>Jan</b> <small>Month</small> <b>18</b> <small>Day</small>	<b>80</b> <small>Years</small>	<b>5</b> <small>Months</small> <b>25</b> <small>Days</small>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Taneytown Md</b>
	Occupation <b>Housewife</b>	Where Residing if not at place of death	
	Married, <del>Single</del> <b>Widowed</b>	Name of Wife or Husband <b>John W Jones</b>	
	Father's Name <b>Israel Whitehead</b>	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>Harriet Elgier</b>	Mother's Birthplace <b>Unknown</b>	
Name of person giving information <b>Eudora Jones</b>	How related to deceased <b>Daughter</b>		
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Old age</b>	How long <b>unknown</b>	
	<b>Colitis</b>	How long <b>6 months</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>E. B. Jones - M.D.</b>	
		Address <b>Taneytown</b>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jemima Ann Hoone*

Town *Keymar* County *Cass* MARYLAND

Died at *Keymar*

Date of death 19*40* Month *January* Day *18* Age *64* Years Months *11* Days *16*

Sex *Female* Color or Race *White* Birthplace *Groutville, Md.*

Occupation *Housewife* Where Residing if not at place of death *at*

Married, Single or Widowed *Married* Name of Wife or Husband *Cornelius Hoone*

Father's Name *Samuel Fleming* Father's Birthplace *Fredic. Co. Md.*

Mother's Maiden Name *Mary Elizabeth Garver* Mother's Birthplace *Beaverdam, Md.*

Name of person giving Information *Cornelius Hoone* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Nephritic Colic* How long *1 day*

Immediate *Pelvic abscess* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. H. Miller*

Address *Deton*

Accident or Suicide *Maryland*

Rocky Ridge G. B. Cemetery  
Frederick & Co

Name  
in  
Full

Elenora. S Koontz

Town

County

548

CERTIFICATE OF DEATH

Died at

Westminster

Carroll

MARYLAND

Date

of death 1940 Jan.

Day

9

Age

Years

54

Months

3

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

William Koontz

Father's  
Name

Joseph Hoover

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah Panebaker

Mother's  
Birthplace

Do

Name of person giving  
information

Wm Koontz

How related  
to deceased

Husband

## CAUSES OF DEATH

119

V

Primary

Cold

How long

Months

Immediate

Uremia

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. H. Billingslea  
Westminster M.D.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Briders Cemetery  
Flower

Name  
in  
Full

*Almira Lee*

551  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1910</i> Month	<i>Jan</i> Day	Age	<i>80</i> Years	<i>5</i> Months <i>9</i> Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Seamstress</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			_____		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____		
Father's Name	<i>Joshua Lee</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Susanna Stansbury</i>			Mother's Birthplace	<i>do</i>
Name of person giving information	<i>Millie Little</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

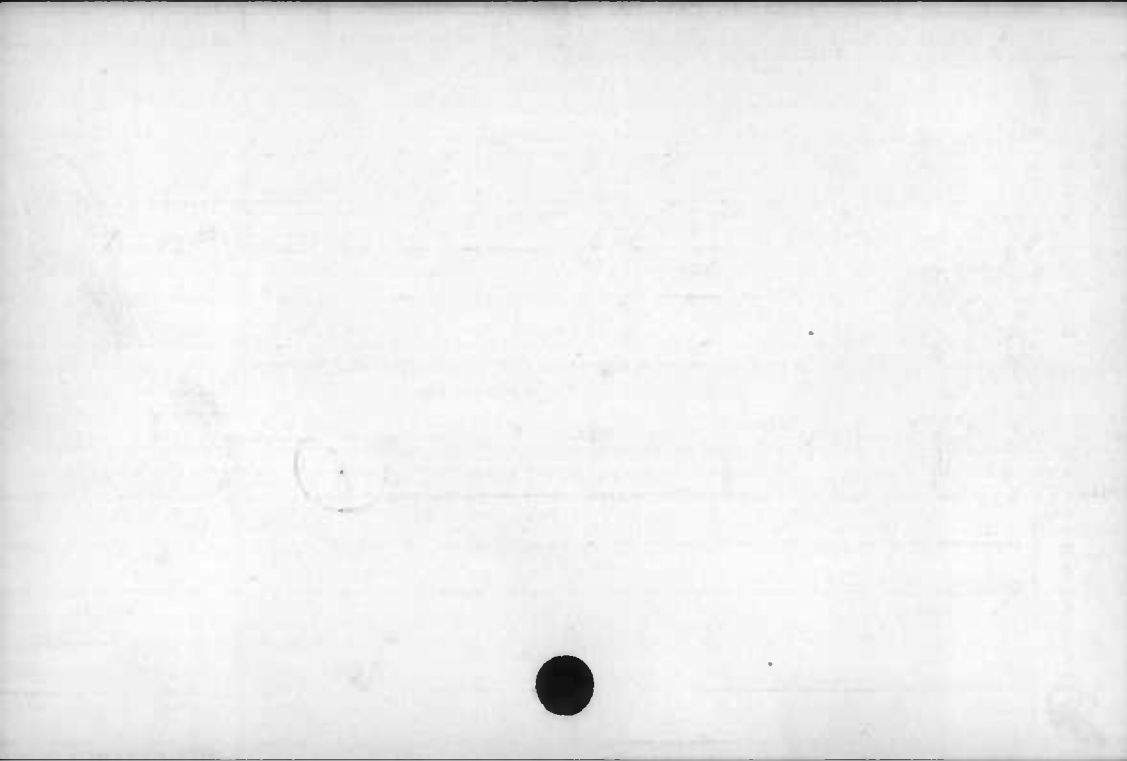
28

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>Several years</i>
Immediate	<i>"</i>		How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>L. H. Woodward</i>	
			Address <i>Westminster Md</i>	
Accident or Suicide?		<i>no</i>		

Fredrick Connelley  
Shaver

Name in Full		Charles W. Lemmon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Tuneystown Dist.		Carroll				
	Date of death	1900	Month	Jan	Day	14	Age
	3		Years	1	Months	20	Days
	Sex	Male	Color or Race	White	Birth-place	Tuneystown Dist.	
	Occupation	None	Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Howard Lemmon		Father's Birthplace		
	Mother's Maiden Name		Mary Erb		Mother's Birthplace		
	Name of person giving information		Howard Lemmon		How related to deceased		
					Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Whooping Cough		How long		
					3 weeks		
	Immediate		Broncho pneumonia		How long		
					4 days		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
PHYSICIAN OR CORONER					B. M. Berner M.D.		
					Address		
					Tuneystown Md.		
Accident or Suicide?							





Name  
in  
Full

Harry Levi Lindsay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

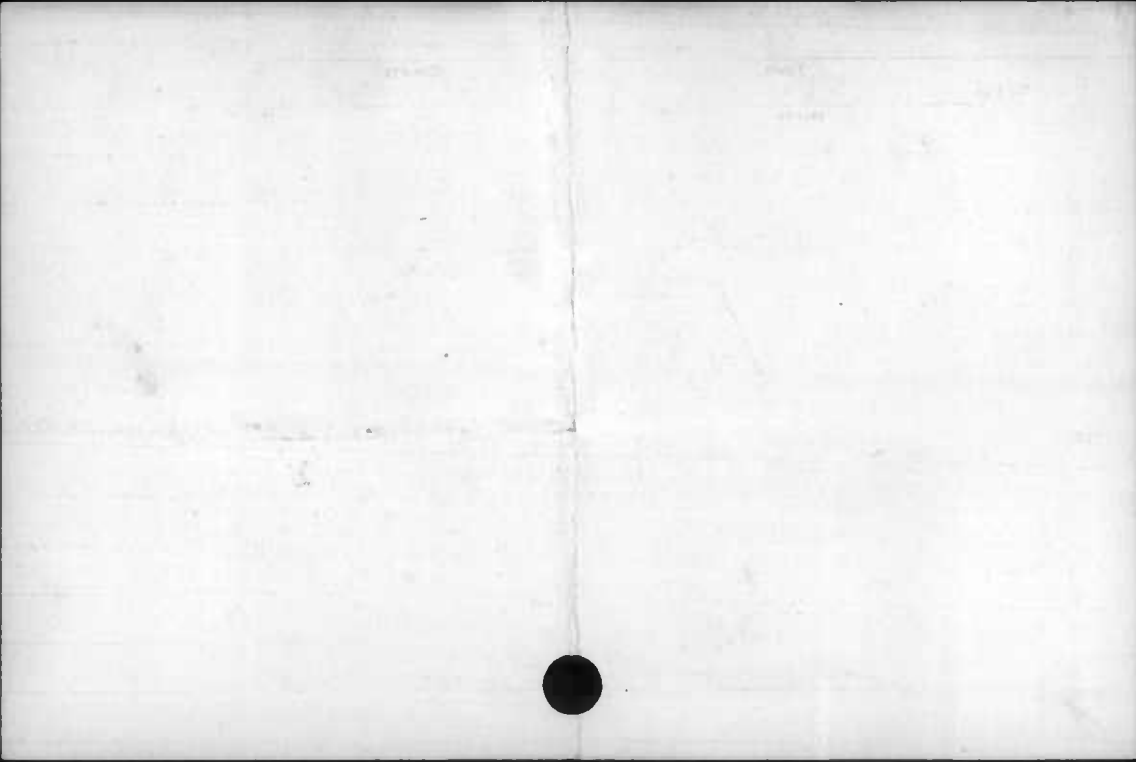
Died at <i>Haight's</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>7</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co. Md.</i>
Occupation	<i>none</i>			Where Residing if not at place of death		<i>same</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Albert Lindsay</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Irena Young</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Albert Lindsay</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M D Hockis</i>
		Address	<i>Eldersburg</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

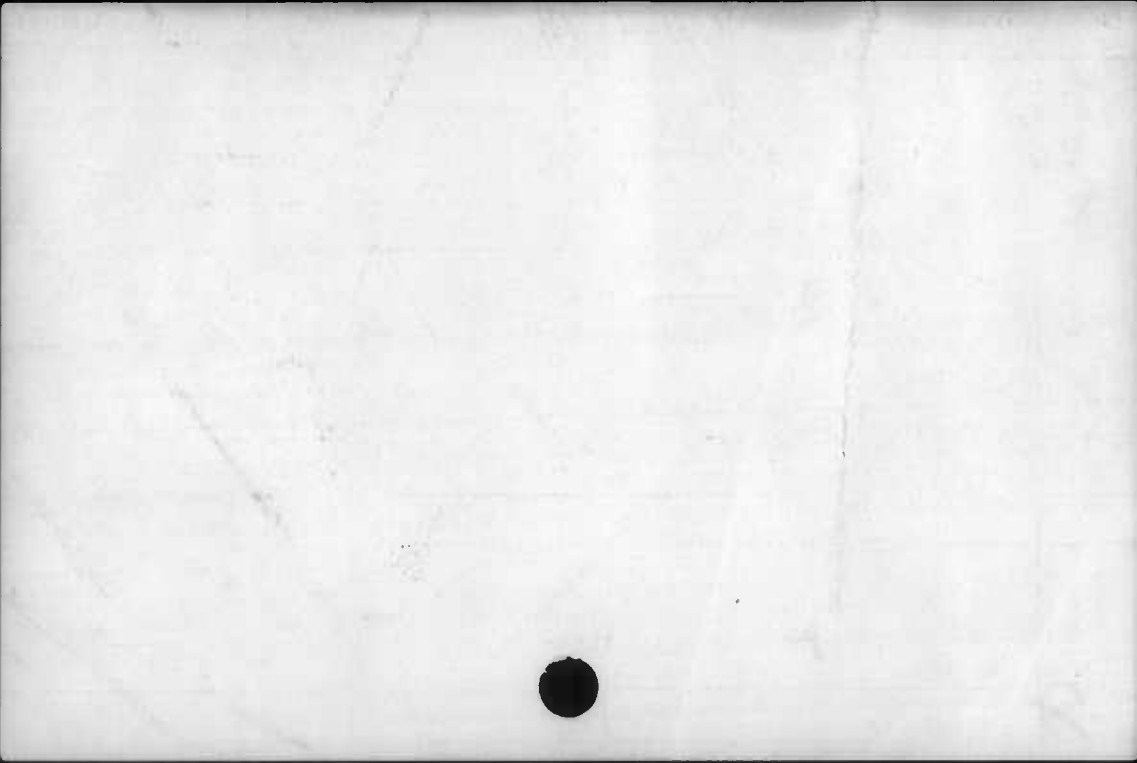
Name in Full <i>Lippie E Maus</i>		Town <i>Bilboe Run</i>		County <i>Cornwall</i>		MARYLAND	
Died at <i>Bilboe Run</i>		Month <i>June</i>		Day <i>9<sup>th</sup></i>		Age <i>40</i>	
Date of death <i>1940</i>		Years <i>40</i>		Months <i>11</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, <del>Single</del> or <del>Widowed</del>		Name of <del>Wife</del> Husband <i>Harvey Maus</i>					
Father's Name <i>Amos Bowman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Lawyer</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Harvey Maus</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

109

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>One week</i>
Immediate <i>Shock following operation</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Steward</i>
	Address <i>Westminster, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Bessye Myers

CERTIFICATE OF DEATH

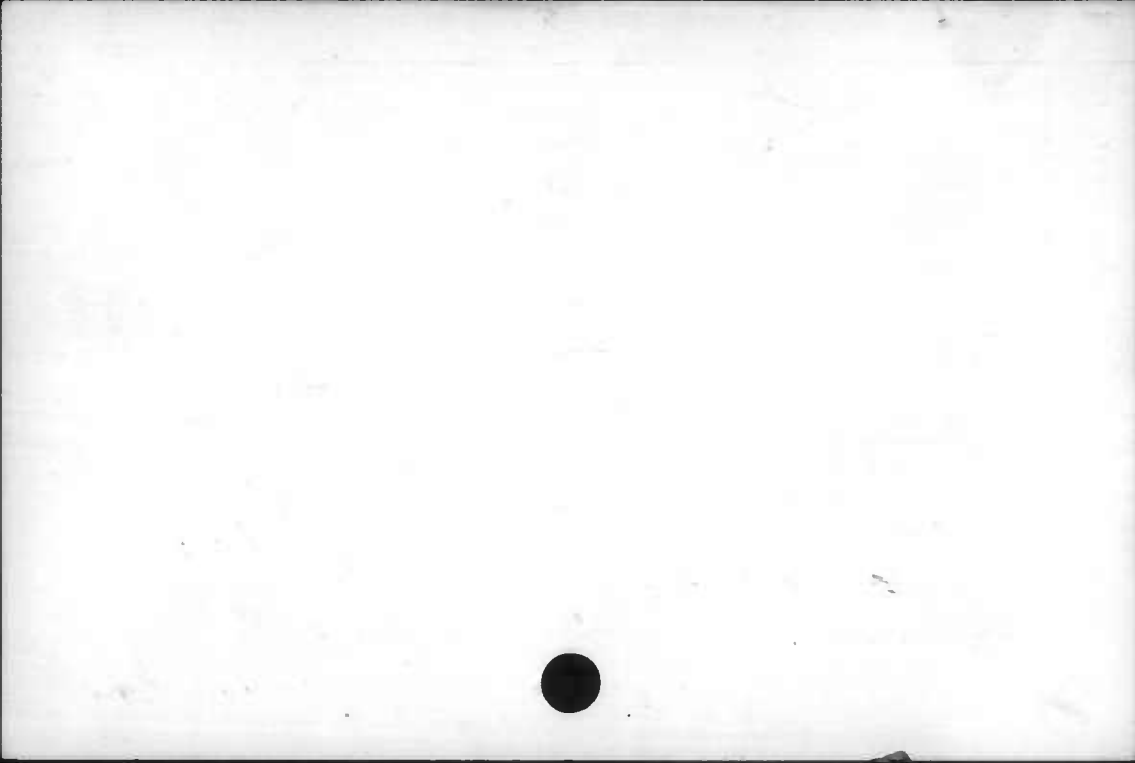
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Union Bridge		<sup>County</sup> Carroll		MARYLAND	
Date of death 1960	Month 1	Day 8	Age 34	Months	Days
Sex Female	Color or Race White		Birth-place Carroll Co.		
Occupation			Where Residing if not at place of death Same		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Chas. H. Myers			Father's Birthplace Carroll Co.		
Mother's Maiden Name Martha Hoffman			Mother's Birthplace Harb. Co.		
Name of person giving Information W. Lurbin Brown			How related to deceased and		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia	How long 9 1/2 weeks
Immediate Heart	How long 3 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Lurbin Brown
	Address Union Bridge Carroll Co.
Accident or Suicide	



Name  
in  
Full

Assie Russell Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

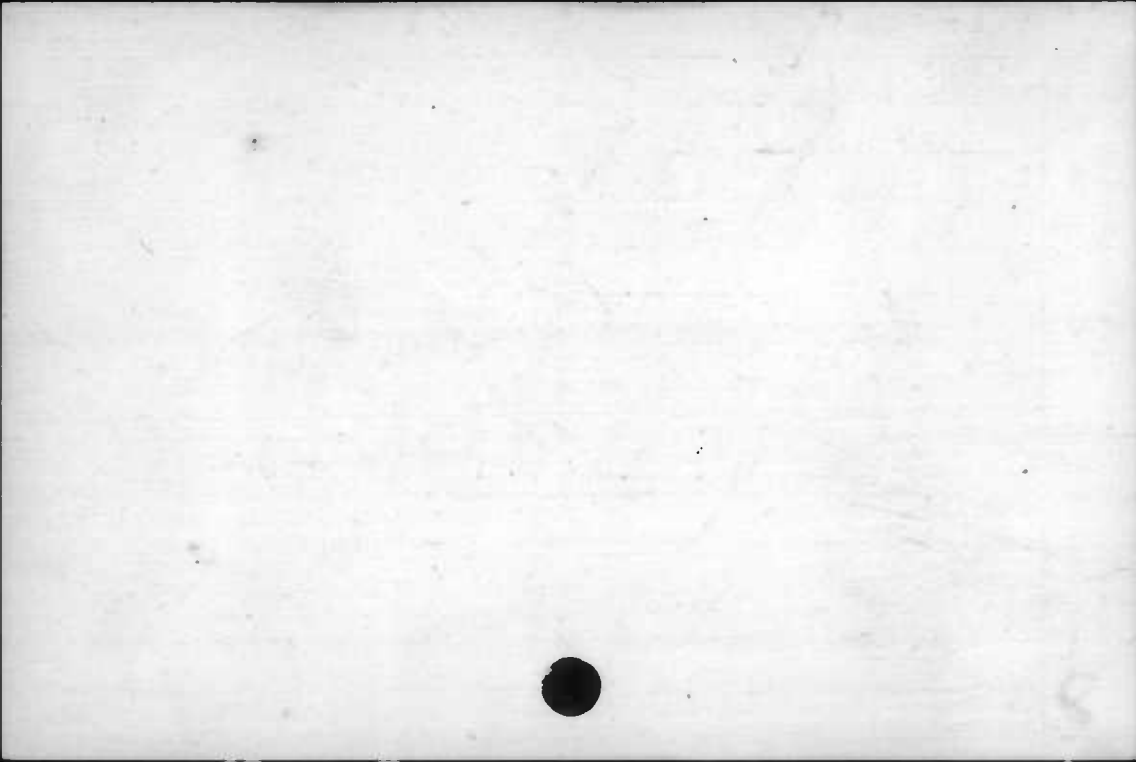
Died at		Town Ridgville		County Carroll		MARYLAND	
Date of death	1960	Month Jan.	Day 2	Age 67	Years	Months 4	Days 18
Sex	Female		Color or Race	White American		Birth-place	Montgomery Co.
Occupation	Housewife			Where Residing if not at place of death Ridgville			
Married, Single or Widowed	Married		Name of Wife or Husband	Robert Alexander Nelson			
Father's Name	Larkin Shipley					Father's Birthplace	Montgomery Co.
Mother's Maiden Name	Elyia Burton					Mother's Birthplace	Montgomery Co.
Name of person giving information	Alinda Cain					How related to deceased	Daughter

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	Cancer of Uterus	How long	12 Months
Immediate	Asthenia	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. E. Brownell
		Address	Int. City, Md.
Accident or Suicide?			





Name  
in  
Full

550

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Lewis Henry Phillips</b>		Town <b>Gamber</b>		County <b>Carroll</b>		State <b>MARYLAND</b>	
Died at <b>Gamber</b>		Month <b>Jan</b>		Day <b>12</b>		Years <b>82</b>	
Date of death <b>1910 Jan 12</b>		Age <b>82</b>		Months <b>2</b>		Days <b>5</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death <b></b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Eva Elizabeth Baker</b>					
Father's Name <b>Alexander Phillips</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Michea. Barnes</b>		Mother's Birthplace <b>Maryland</b>					
Name of person giving Information <b>Eva Elizabeth Phillips</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>2 weeks</b>
Immediate <b>Heart Failure</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. R. Rott</b>
	Address <b>W. R. Rott</b>
Accident or Suicide <b></b>	

Deer Park  
Shanty

Name  
in  
Full

Wm Poole

CERTIFICATE OF DEATH

Died at Sherrington Town Canoll County MARYLAND  
Date of death 1900 1st Month 13 Day 2 Years 12 Months 12 Days  
Sex Male Color or Race Colored Birth-place Sherrington  
Occupation no Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Joseph Poole Father's Birthplace North Carolina  
Mother's Maiden Name Linda Poole Mother's Birthplace "  
Name of person giving Information Joseph Poole How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia How long 93 ✓  
Immediate Pneumonia How long 5 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Harry F. Leuby  
Address Sylbesville  
Canova

Accident or Suicide



Name  
in  
Full

George H Richardson

556  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smallwood</i> <sup>Town</sup>		<i>Barroll</i> <sup>County</sup>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>Jan</i>	Day	<i>29</i>
Age		<i>68</i>		Months	<i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>..</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>James Richardson</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>C Howard Millikin</i>			How related to deceased	<i>Nephew</i>

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Hemorrhage</i>	How long	<i>9 Hours</i>
Immediate	<i>Apoplexy</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John B. Mathias</i>	
		Address	
		<i>Westminster, Md.</i>	
Accident or Suicide?			

Shannon  
Baltimore

Name  
in  
Full

Adam Rukland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

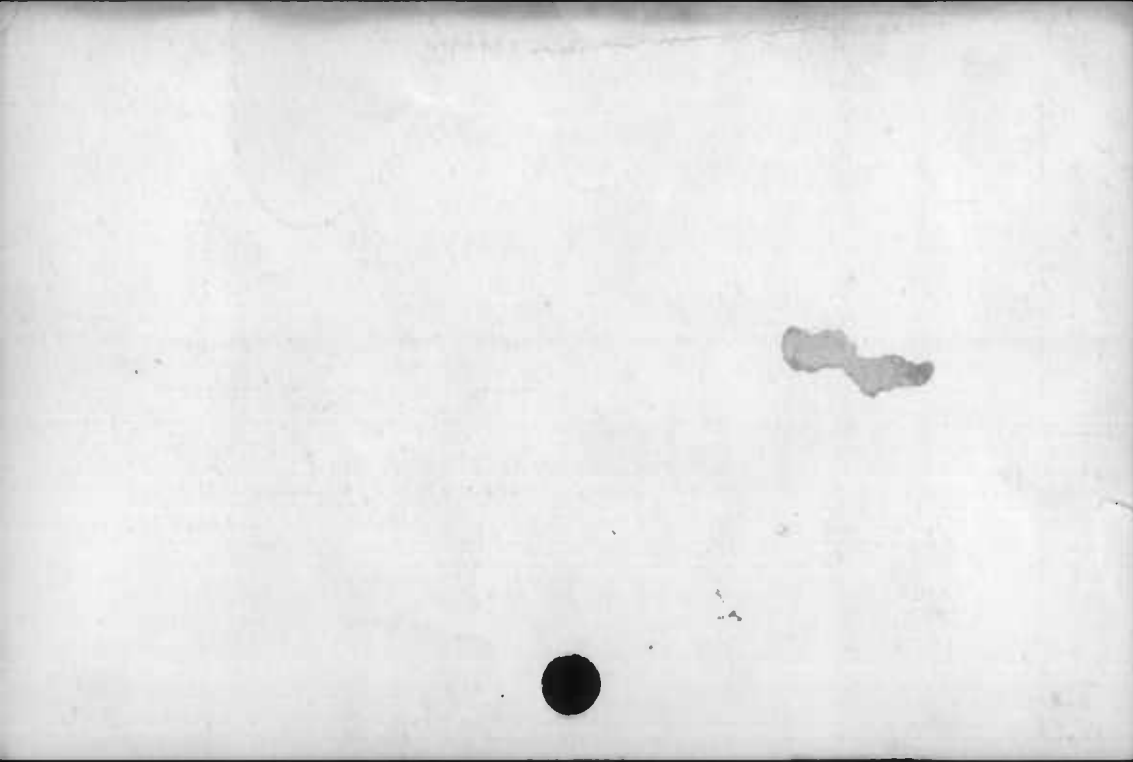
Died at <i>Mt. Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>Jan.</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Baker</i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or <del>Husband</del> <i>Anna Elizabeth Rukland</i>				
Father's Name <i>Adam Rukland</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Elizabeth May Frazier</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

Primary <i>Quinsy</i>	How long <i>8 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Albert Nice,</i>
	Address <i>Mt. Airy, Md.</i>
Accident or Suicide?	





Name  
in  
Full

552

CERTIFICATE OF DEATH

William L. Shuff

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

1960 Jan

Day

21

Age

Years

75

Months

2

Days

1

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Retiree

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Unknown

Father's  
Name

Don't

Know

Father's  
Birthplace

And

Mother's  
Maiden Name

Don't

Know

Mother's  
Birthplace

And

Name of person giving  
Information

George Six

How related  
to deceased

Nephew

CAUSES OF DEATH

154

Primary

General debility

How long

one month

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

M. L. Buto  
Westminster  
Md

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

St Benjamin's <sup>Catholic</sup>  
Stones

St Benjamin's <sup>Catholic</sup>  
Stones.

Name  
in  
Full

Mary A. Uhler

545  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Potosi</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1960</i>		Month <i>Jan</i>	Day <i>3</i>	Age <i>77</i>	Years	Months <i>8</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Md</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>J. Washington Uhler</i>					
Father's Name <i>Peter Fletcher</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Matilda Coates</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Oliver J. Uhler</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	How long	<i>10 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jos. Wilson M.D.</i>	
<i>Yes</i>		Address <i>Frobblesburg Md</i>	
Accident or Suicide?			

Sandy Mount-

Shaver

Name  
in  
Full

CERTIFICATE OF DEATH

*Mandellia Agnes Wanes*  
Town *Alesia* County *Barroll*

MARYLAND

Died at *Alesia* Month *1* Day *30* Age *35-* Months *8* Days *16*

Sex *Female* Color or Race *white* Birth-place *near Washington*

Occupation *House wife* Where Residing if not at place of death, *Alesia Md.*

Married, Single or Widowed *married* Name of Wife or Husband *Mandellia Agnes Wanes*

Father's Name *John R. Steving* Father's Birthplace *near Washington Md.*

Mother's Maiden Name *Mary Steving* Mother's Birthplace *near Lexington Ind.*

Name of parson giving Information *George E. Wanes* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *Two weeks*

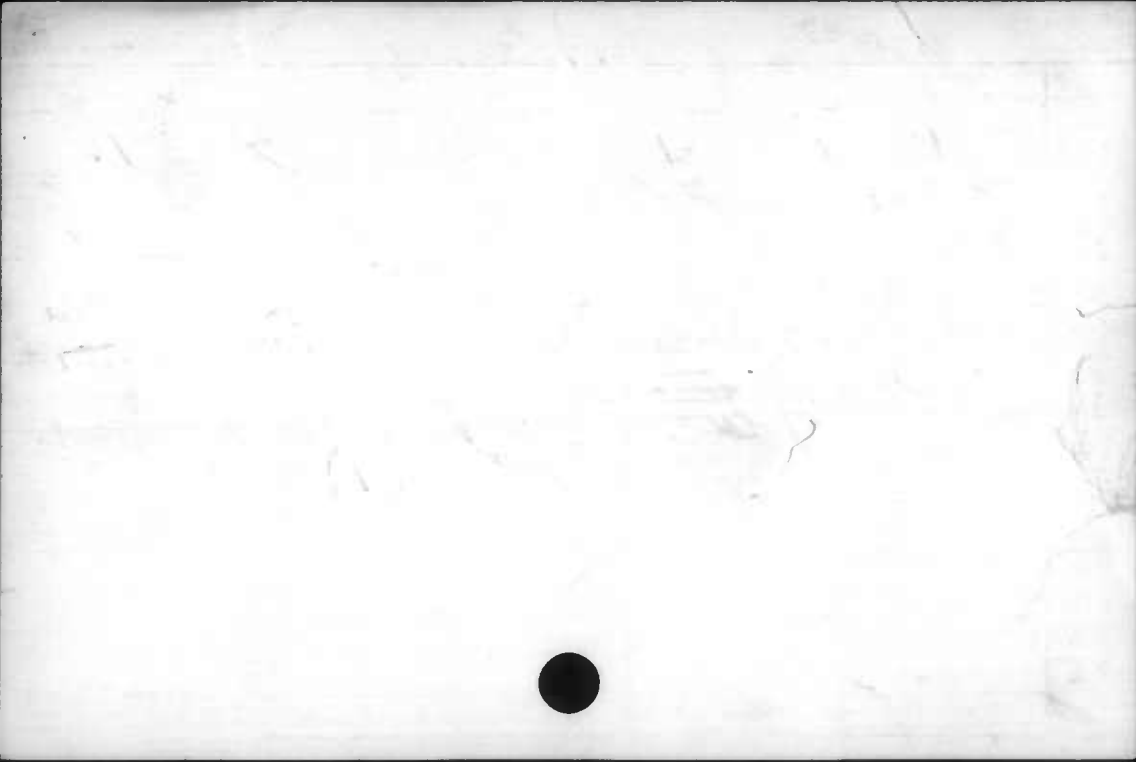
Immediate *Hemorrhage of Bowels* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Jane R. Zile

## CERTIFICATE OF DEATH

Died at *Martins* TownCounty *Carroll*

MARYLAND

Date of death *1980* Month *Jan*Day *20*Age *85* YearsMonths *2*Days *17*Sex *Female*Color or Race *White*Birth-place *Penn*Occupation *House Wife*Where Residing if not at place of death *Martins*Married, Single or Widowed *Widowed*Name of Wife or Husband *Jennie W. Zile*Father's Name *Geo. W. Bach*Father's Birthplace *Penn*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Jane Zile*How related to deceased *Son*

## CAUSES OF DEATH

64 ✓

Primary *Previous Condition unknown*

How long

Immediate *Apoplexy*

How long

*2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Dr. H. W. Brown*  
*New Windsor*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

365